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**Question: 964**

A clinical unit reports inconsistent medication labeling after an EHR upgrade. Investigations reveal labels are generated by multiple software components, some not integrated properly. Which informatics issue does this scenario illustrate?

- A. Interoperability failure
- B. Data integrity breach
- C. User training deficiency
- D. Hardware malfunction

Answer: A

Explanation: Interoperability failure occurs when software components cannot exchange data seamlessly, causing inconsistent outputs like medication labels.

**Question: 965**

Case Study: Portal fertility tracker data (LH surge 25 mIU/mL) clashes with EHR cycles due to phase mislabeling. Resolution?

- A. Skip
- B. User correction
- C. Average phases
- D. Finite state machine validation against WHO ovulation models with audit trails

Answer: D

Explanation: FSM validates surges (LH >20 mIU/mL follicular), per ASRM 2026, ensuring IUI timing, reducing anovulation errors.

**Question: 966**

In a 2026 cohort study case, an informatics nurse evaluates NLP extraction of frailty indices (e.g., Fried phenotype scores from notes: grip strength <26 kg) against a 2024 BMC review (accuracy 78%). Using spaCy, which entity recognition pipeline refines evidence application?

- A. Transformer-based (BERT): from transformers import pipeline; ner = pipeline("ner", model="dslim/bert-base-NER"); aggregate via CRF layer.
- B. Rule-based matcher: matcher.add("GRIP", [{"LOWER": "grip"}, {"LIKE\_NUM": True}, {"LOWER": "kg"}]); post-process with dependency parse.
- C. Custom NER model trained on 500 annotated notes: en\_core\_web\_sm.add\_pipe("ner", config={"label": "FRAILITY"}); then evaluate F1 >0.85.
- D. Dependency parsing tree: doc = nlp(text); for token in doc: if token.dep\_ == "nummod" and "strength" in token.head.text: extract\_value(token).

Answer: A

Explanation: BERT's contextual understanding boosts frailty extraction accuracy per the review, with CRF for sequence labeling in noisy notes. This advanced NLP refines evidence for cohort phenotypes over rule-based methods.

**Question: 967**

An informatics team is tasked to reduce help desk ticket volume related to system navigation confusion. After user interviews, they hypothesize that cognitive overload causes the issue. Which design principle should guide their solution?

- A. Restrict access to advanced features for novice users
- B. Increase the number of notifications and alerts for guidance
- C. Simplify user interface by reducing unnecessary elements and grouping related functions
- D. Require additional mandatory training focusing on advanced navigation

Answer: C

Explanation: Reducing cognitive overload through simplified interfaces enhances usability and reduces navigation-related support tickets.

**Question: 968**

A multidisciplinary team is developing a dashboard for real-time monitoring of postoperative complications in a surgical ward. The dashboard must aggregate data from disparate sources including EHR vitals, lab results, and wearable telemetry. To handle high-velocity data streams and ensure low-latency visualization, the informaticist recommends a streaming analytics platform. Which component is essential for fault-tolerant processing in this setup?

- A. Redis for in-memory caching of computed aggregates
- B. Elasticsearch for full-text search indexing of aggregated events
- C. Apache Kafka for message queuing with exactly-once semantics
- D. Apache Spark Streaming for micro-batch processing of windows

Answer: C

Explanation: Apache Kafka provides durable, ordered message queuing with fault tolerance through replication and partitioning, enabling reliable ingestion of heterogeneous data sources into the dashboard pipeline, preventing data loss during peak loads from multiple telemetry devices.

**Question: 969**

You analyze hospital readmission data with an SQL query: `SELECT patient_id, COUNT(*) AS readmit_count FROM admissions WHERE admission_date > '2026-01-01' GROUP BY patient_id HAVING COUNT(*) > 1`. What does this query return?

- A. All patients admitted after January 1, 2026
- B. Patients with more than one readmission since January 1, 2026
- C. Admission counts per month
- D. Patients with a single admission after January 1, 2026

Answer: B

Explanation: `GROUP BY patient_id` counts admissions per patient, `HAVING COUNT(*) > 1` filters to those with multiple admissions after the date, indicating readmissions. Other options are incorrect interpretations.

**Question: 970**

In a hospital implementing the 2026 Accreditation 360: The New Standard from The Joint Commission, an informatics nurse is tasked with mapping EHR workflows to the consolidated National Performance Goals (NPGs) that integrate CMS Conditions of Participation (CoPs). During a revenue cycle audit, the system flags a claim denial for a patient with ICD-10 code Z00.00 (encounter for general adult medical examination without abnormal findings) due to missing documentation of preventive service modifiers. What is the most complex regulatory implication for the informatics nurse in resolving this to ensure reimbursement under CMS guidelines?

- A. Revise the EHR template to auto-populate HCPCS G codes for preventive visits, aligning with CoP §482.24 on medical records
- B. Conduct a tracer methodology simulation to verify NPG compliance, focusing on interoperability with HITECH Act requirements
- C. Update the billing interface to enforce dual-coding validation between ICD-10 and CPT, per Joint Commission standard LD.04.01.01
- D. Implement AI-driven predictive analytics for claim scrubbing, incorporating NFPA 101 Life Safety Code crosswalks for documentation integrity

Answer: A

Explanation: Revising the EHR template to auto-populate HCPCS G codes for preventive visits directly addresses the revenue cycle gap by ensuring accurate coding for CMS reimbursable preventive services, as required under CoP §482.24 for complete medical records. This prevents denials under the Medicare Physician Fee Schedule while aligning with Accreditation 360's emphasis on outcome-based measures for quality and efficiency.

**Question: 971**

A nurse informaticist is updating metadata standards to capture nursing documentation provenance. What detail must metadata include to support audit trails?

- A. Patient's diagnosis only
- B. Author identity and timestamp
- C. Data element codes alone
- D. User network IP without user info

Answer: B

Explanation: Provenance metadata must include who authored data and when, enabling full audit trails. Diagnosis, codes, or IP alone do not fulfill audit requirements.

**Question: 972**

A nurse informaticist is designing conflict resolution training for an interprofessional team. Which technique should be emphasized to handle disagreements constructively?

- A. Ignoring conflicting opinions
- B. Avoiding discussion of controversial topics
- C. Immediate escalation to leadership
- D. Active listening to understand differing perspectives

Answer: D

Explanation: Active listening facilitates understanding, empathy, and collaborative problem-solving, key components of effective conflict resolution.

**Question: 973**

A nurse informaticist is implementing NLP to identify adverse drug events (ADEs) from clinical notes. What challenge must be addressed for accurate NLP extraction?

- A. Uniform use of a single terminology by all clinicians
- B. Variability in clinical language and abbreviations used by providers
- C. Exclusive reliance on coded medication lists only
- D. Using only structured fields for ADE documentation

Answer: B

Explanation: Clinical notes contain many abbreviations and variable language, posing challenges for NLP. Uniform terminology and coded lists reduce the need for NLP, but in real-world notes variability must be addressed.

**Question: 974**

A scenario involves an informatics nurse granting copyright permissions for a hospital's de-identified dataset on CKD stages (eGFR <60 mL/min/1.73m<sup>2</sup>) to a research consortium. What 2026 legal issue under the EU-U.S. Data Privacy Framework most complicates cross-border sharing?

- A. Adequacy decision challenges for health data transfers without standard contractual clauses
- B. Essential equivalency disputes in GDPR-HIPAA harmonization for permissions
- C. Schrems II invalidation risks for supplemental measures in dataset anonymization
- D. Transfer impact assessments for proprietary elements in de-identified cohorts

Answer: C

Explanation: Schrems II requires supplemental measures beyond adequacy decisions for data transfers, complicating permissions for de-identified datasets by necessitating robust anonymization to mitigate re-identification risks in cross-border research.

**Question: 975**

A nurse researcher is extracting data for a multicenter study on post-surgical infection rates. To ensure data comparability, which terminology is best used to categorize the clinical signs of infection?

- A. Systematized Nomenclature of Medicine (SNOMED)
- B. Nursing Minimum Data Set (NMDS)
- C. Clinical Care Classification (CCC)
- D. Perioperative Nursing Data Set (PNDS)

Answer: A

Explanation: SNOMED provides detailed, widely accepted clinical terms for signs and symptoms, facilitating data comparability in research. NMDS, CCC, and PNDS focus more on nursing processes and data elements rather than broad clinical signs.

**Question: 976**

A nurse informaticist plans to contribute to professional organizations to support career growth. Which activity should

be prioritized?

- A. Avoiding networking due to workload
- B. Attending meetings without active participation
- C. Presenting at conferences and publishing informatics-related research
- D. Joining only for access to newsletters

Answer: C

Explanation: Presenting and publishing demonstrates expertise and leadership, increasing professional visibility and growth. Passive attendance or joining for minimal benefits limits impact.

**Question: 977**

In planning a training session for ICU nurses to use a new ventilator interface integrated with the hospital's IT system, which instructional design principle is MOST essential to improve learning transfer?

- A. Incorporate practice scenarios that closely simulate real patient care situations
- B. Use multimedia presentations that focus on device hardware specifications
- C. Limit training to lecture sessions to maximize content delivery time
- D. Provide the training materials only as downloadable PDFs for self-study

Answer: A

Explanation: Simulating real patient care situations ensures practical application of knowledge, improves retention, and facilitates transfer of learning to clinical practice. Focusing solely on hardware or passive learning modes reduces engagement and effectiveness. Self-study alone is insufficient for complex skills.

**Question: 978**

An informatics nurse decides to enhance professional development through clinical simulation integrating smart devices that monitor vitals and environment. Which evaluation metric best indicates simulation effectiveness?

- A. Quantity of printed simulation reports compared to traditional education methods
- B. Number of completed simulation sessions regardless of performance quality
- C. Improvement in learners' situational awareness and timely responses documented during simulations
- D. Length of simulation sessions in minutes without adjustment for complexity

Answer: C

Explanation: Measurement of situational awareness and response time improvements reflects meaningful learning and application beyond mere participation or quantity metrics.

**Question: 979**

A nurse informaticist is conducting a vendor analysis for an enterprise clinical documentation system. Which key performance indicator (KPI) should be prioritized to evaluate vendor reliability?

- A. Variety of software modules offered
- B. Popularity of the vendor's brand in marketing campaigns
- C. Vendor's promptness in delivering patches and updates
- D. Vendor's office locations

Answer: C

Explanation: Vendor reliability is closely tied to prompt delivery of patches and updates critical for security, compliance, and system functionality.

**Question: 980**

Promoting awareness, the nurse develops a 2024 webinar on SDOH-population health. Data: Air quality index >100 correlates with 18% asthma exacerbations in urban poor (Z58.1 exposure). Which advocacy step uses stratified Cox models for policy impact?

- A. Develop hypothesis
- B. Collect data
- C. Disseminate findings
- D. Analyze trends

Answer: C

Explanation: Disseminating stratified Cox models (HR 1.8 for high AQI) to stakeholders drives policy for environmental equity, closing the awareness-action gap.

**Question: 981**

Scenario: A national nursing registry uses Apache Pig for scripting ETL on Hadoop, processing 2 PB of de-identified claims data to compute readmission risks (LACE index scores). A LOAD 'claims.avro' script fails with NullPointerException on nested structs for procedure codes (ICD-10-PCS). What Pig operator resolves this for accurate nursing quality metrics?

- A. Use FOREACH with FLATTEN on nested procedures, followed by FILTER NOT IsEmpty(bag)
- B. Apply EVAL function with custom UDF to explode structs via JsonMapReduce
- C. GROUP BY patient\_id with COGROUP on avro schema, using UNION for null handling
- D. Define REGISTER 'udf.jar' and use GENERATE with CASE WHEN procedure IS NULL THEN dummy

Answer: A

Explanation: Pig's FOREACH...GENERATE with FLATTEN explodes nested ICD-10-PCS structs, while FILTER removes empty bags, preventing NullPointerException errors. This ensures complete LACE computations for nursing readmission analytics on large Avro datasets.

**Question: 982**

Real-time locating systems (RTLS) in 2026 integrate with IoT for asset optimization in ORs. Which trend tracks surgical robots via UWB tags, predicting utilization (>80% threshold) with time-series forecasting to McKesson EHR?

- A. BLE beacons with ARIMA models and REST APIs
- B. Wi-Fi trilateration with Prophet forecasting and GraphQL
- C. UWB anchors with LSTM sequences and gRPC calls
- D. RFID readers with exponential smoothing and SOAP

Answer: C

Explanation: Ultra-wideband (UWB) RTLS provides cm-level precision for robot tracking, using Long Short-Term

Memory (LSTM) networks to forecast downtime from historical patterns, optimizing schedules where delays >30 min impact case throughput. gRPC calls ensure low-latency updates to McKesson EHRs for supply chain analytics.

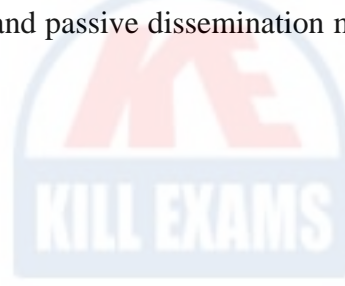
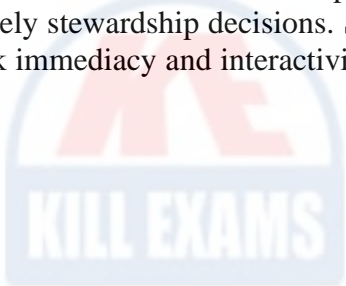
**Question: 983**

During the design of a new clinical CDS prototype focused on antimicrobial stewardship, what workflow component best ensures clinician engagement with recommended actions?

- A. Printed guideline manuals in each unit
- B. Static reminders displayed only in patient charts
- C. Weekly email newsletters summarizing guidelines
- D. Interactive decision trees triggered by positive culture results

Answer: D

Explanation: Interactive decision trees that respond to patient-specific culture results facilitate dynamic clinician engagement and timely stewardship decisions. Static reminders and passive dissemination methods such as emails or printed manuals lack immediacy and interactivity.



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